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APPLICATION NUMBER		FILING DATE	CLASS Z/!/	SUBCLASS	GROUP ART UNIT	EXAMINEN	
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		CLAIMS ALLOWED					
NOTICE OF ALLO	WANCE MAILED	Assistant Examiner	Total Claims	Prin O.G	t Claim for		
		ASSISTANT EXCENSES	DRAWING				
ISSUE FEE		<u>*</u>	Sheets Drwg.	Figs.Drwg.	Print Fig.		
Amount Due	Date Paid	, i			<u> </u>		
		Primary Examiner					
TERMINAL DISCLAIMER		PREPARED FOR ISSUE	Application Examiner				
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